COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET

NUMBER	
PHNI 031419 US	:

As a below named inventor, I h	ereby declare that:		
My residence, post office addre	ess and citizenship are as state	ed next to my name.	
I believe I am the original, first a plural names are listed below) of entitled:	and sole inventor (if only one a of the subject matter which is	name is listed below) or an original, fi claimed and for which a patent is sou	rst and joint inventor (if ight on the invention
the specification of which (chec	ck only one item below):		
is attached hereto.			
☐ was filed as United States a	pplication		
Serial No			
on			
and was amended			
on			
	nal application		
Number PCT/IB2004/05238	31		
on 11 November 2004	•		
and was amended under PCT	Article 19		
on			(if applicable).
I hereby state that I have review claims, as amended by any am		nts of the above-identified specificati	on, including the
I acknowledge the duty to discle Title 37, Code of Federal Regu		rial to the examination of this applica	tion in accordance with
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:			
	` '	TY CLAIMS UNDER 35 U.S.C. 119:	
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	03104375.5	26 November 2003	YES

Attorneys Docket Number Combined Declaration For Patent Application and Power of Attorney (Continued) PHNL031419 US (includes Reference to PCT International Applications) POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) Direct Telephone Calls to: Jack E. Haken, Reg. No. 26,902 (name and telephone number) Michael E. Marion, Reg. No. 32,266 (914)332-0222 Edward M. Blocker, Reg. No. 30,245 FIRST GIVEN NAME SECOND GIVEN NAME **FULL NAME OF** FAMILY NAME **INVENTOR RAIJMAKERS** Hieronymus Maria Jozef STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 201 **RESIDENCE &** CITY **CITIZENSHIP** The Netherlands The Netherlands Eindhoven STATE & ZIP CODE/COUNTRY POST OFFICE POST OFFICE ADDRESS **ADDRESS** The Netherlands Prof. Holstlaan 6 5656 AA Eindhoven SECOND GIVEN NAME FIRST GIVEN NAME **FULL NAME OF** FAMILY NAME INVENTOR **HERCZEGH** Csaba Laszlo STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITY 202 **CITIZENSHIP** The Netherlands Hungary Eindhoven POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY CITY POST OFFICE **ADDRESS** The Netherlands Prof. Holstlaan 6 5656 AA Eindhoven SECOND GIVEN NAME FAMILY NAME FIRST GIVEN NAME **FULL NAME OF INVENTOR** Wee Kar TAN Alex COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY 203 **RESIDENCE &** CITY **CITIZENSHIP** The Netherlands Malaysia Eindhoven STATE & ZIP CODE/COUNTRY POST OFFICE POST OFFICE ADDRESS CITY **ADDRESS** The Netherlands Prof. Holstlaan 6 5656 AA Eindhoven **FULL NAME OF FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME INVENTOR DELAEY Tom Philippe Jean Jacques COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY **RESIDENCE &** CITY 204 **CITIZENSHIP** Eindhoven The Netherlands Belgium STATE & ZIP CODE/COUNTRY POST OFFICE POST OFFICE ADDRESS **ADDRESS** The Netherlands Prof. Holstlaan 6 5656 AA Eindhoven I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
Jedy -	11 2	Alor 2
DATE /	DATE	DATE
/ '23 Jyane 2005	23 June 2005	23 June 2005
SIGNATURE OF INVENTOR 204		

DATE 23 June 2005

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

PTO/SB/80 (11-04)

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OR						
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A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of						
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and must	identify the	application in which this Po	wer of Attorney is	to be filed.		
	The	SIGNA' lividual whose signa are and title	TURE of Assignee of is supplied below is a	Record uthorized to act on	behalf of the assignee	<u> </u>
Signature	MI	Hade. M.	aur		Date 14 Janu	
Name	Michae	l E. Marion			Telephone (914)	333-9637
Title	Author	ized Representat	tive		(32-7	333 303.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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STATEMEN	IT UNDER 37 CFR 3.73(b)
Applicant/Patent Owner: Koninklijke Philips Electronics N.V	I.
Application No./Patent No.: Concurrently F	Filed/Issue Date: Concurrently
Entitled: SYSTEM FOR PROVIDING A PERSONALIZED	EXPERIENCE TO A PERSON IN A MEDICAL ENVIRONMENT
Koninklijke Philips Electronics N.V. , a (Name of Assignee)	corporation (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is: 1.	or
2. an assignee of less than the entire right, title and The extent (by percentage) of its ownership interin the patent application/patent identified above by virtue.	est is%
A. [/] An assignment from the inventor(s) of the patent in the United States Patent and Trademark Office attached.	application/patent identified above. The assignment was recorded at Reel, Frame, or for which a copy thereof is
OR	
B. [] A chain of title from the inventor(s), of the patent a below:	application/patent identified above, to the current assignee as shown
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[] Additional documents in the chain of title a	re listed on a supplemental sheet.
[] Copies of assignments or other documents in the chein [NOTE: A separate copy (i.e., the original assignment must be submitted to Assignment Division in accordance recorded in the records of the USPTO. See MPEP	ent document or a true copy of the original document) dance with 37 CFR Part 3, if the assignment is to be
The undersigned (whose title is supplied below) is author	orized to act on behalf of the assignee.
5-2-06	DAVID BARNES, REG. 47,407
Date (014) 233 0503	Typed or bringed name,
(914) 333-9693	
Telephone number	Signature
	Corporate Counsel Title

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